## **FOOD SERVICE COST REPORT**

Name of Center							
Month_		Year					
Date	Invoice Number	Supplier	Total Invoice	Food/ Milk	CACFP Supplies	Non CACFP Supplies	Tax
			\$	\$	\$	\$	\$
			-				
_							1
_							1
							1
_							1
							1
_							1
							1
							<del> </del>

TOTAL \$\_\_\_\_\_ \$\_\_\_\_